St. Thomas' Preschool 2019-2020 Admissions Application

STUDENT INFORMATION						Today's Date:					
Child's Name				e of Birth Age Male			Fem	ale			
									1		
•	Name Child Goes By				St. Thomas Church?			Yes	No		
PROGRAM INFORMATION: Please mark appropriate box (be aware of birthday cutoffs) and if you have an interest in extending your child's day (Early bird/lunch bunch/enrichment) \$9.00/hr. or \$11.00/hr. drop-in rate.											
If you require Extended Day (•		•								
					Please check			' in option	s below:		
(2 yrs. old) yellow chicks	2 mornings (T/TH) 3 mornings(M/W/F)		9:00-12:00		Extend your child's day						
and grey elephants. Must be 2 by June 1 for					Early Bird (8-9 am)						
MWF and Oct 1 for T/Th					Lunch Bunch 12-1,12-2, 12-3 Extended Day 12-5:30 pm *contract to follow						
		(2.4.0.4.(5))					-	n *contrac	t to follow		
(3 yrs. old) Red Pandas	3 mornings (M/W/F) 4 mornings		9:00-12:00		Extend your child's day						
and Purple Owls <mark>Must be</mark> 3 by June 1 for MWF (or	(M/T/W/Th/F)				Early Bird (8-9 am)						
one year of prior school in	5 mornings M-F				Lunch Bunch 12-1,12-2, 12-3						
our T/Th 2's class.)					Extended Day 12-5:30 pm *contract to follow						
(young 4 yr. old) Orange	3 mornings T/W/TH		9:00-12:00		Extend your child's day						
Tigers must be 4 by Dec	4 mornings M-TH				Early Bird (8-9 am)						
31					Lunch Bunch 12-1,12-2, 12-3						
					Extended Day 12-5:30 pm *contract to follow						
(4 and 5 yrs. old) Pre-K	4 days M-TH5 days M-F Enrichment (12-2)		0.00	10.00	Extend your child's day						
Blue Birds or Green Geckos			9:00-12:00		Early Bird (8-9 am) Lunch Bunch 12-1,12-2, 12-3						
must be 4 yrs. by Sept. 1					Extended Day 12-5:30 pm *contract to follow						
	T,W,T	n									
MONTHLY TUITION RATES: 9-1	12: 2DAY \$320	<mark>/мо., 3day \$360</mark> .	<mark>/мо., 4</mark> да	<mark>ү \$400/мо., 5</mark> даү \$	<mark>430/мо.</mark>						
BRIEFLY DESCRIBE YOUR CHILD	'S STRENGTHS	, NEEDS AND HOW	/ YOU SEE	YOUR CHILD AS A LE	ARNER:						
FAMILY INFORMATION-											
FATHER'S NAME				MOTHER'S NAME							
Email address				Email address							
Street Address				Street Address							
City	State	Zip		City		State	e 2	Zip			
Home Phone Cell		Work		Home Phone	Cell	<u> </u>	1	Nork			
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PARENT COLLABORATION (PARENT SIGNATURE REQUIRED. EMPTY SPACES NEED TO BE COMPLETED)											
Please return the registration fee (\$75.00 per child, \$125.00 per family) and first month tuition with this application by January 18, 2019. Both the registration fee and the first month's tuition are non-refundable. Once we receive these two payments your spot											
will be held for the following									ur spot		
Scholarship money is avai	lable for fam	ilies in need of	assistai	nce. Please conta	ct the Direct	or.					
THIS AGREEMENT , made between ST. THOMAS' PRESCHOOL at P.O. Box 247, Fort Washington, PA 19034 and the parents or guardians ("Parents") whose signatures appear below, in consideration of the acceptance							nts or				
guardians ("Parents") whose of	e signatures a	ppear below, in for School Year	consider: 2019-20	auon of the accepta 120.	arice						
(Name of Child)											
Signature of Parent/Legal Guardian: Date Date Date											
For St. Thomas' Preschool use only Application Received Application Fee Received First Month Tuition Received											